PTO/SB/81 (05-03)

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Application Number

POWER OF ATTORNEY OR			First Named Inventor Ramson					
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AUTHORIZATION OF AGENT		Art Unit					************	
		Exam	iner Name					
		Attor	ney Docket Num	ber	WEC-	122-B		
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Practitioner(s) named below:							_	
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Marshall G. MacFar	lane		30,403	-			_	
Christopher A. Mit	chell		40.729			•		
Todd L. Moore			36.874	_				
Duncan F. Beaman			18.235					
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X Firm or Individual Name Mars	shall G. MacFa	arlan	e					
Address YOUN	G & BASILE, I	P.C.						
	West Big Bea	ver	Road, Suit	te 624		T = 1		
City Troy	<del></del>		State	_MI_		Zip 48084-3107		
Country USA	660 0000		Fax		1			
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I am the:  X Applicant/Inventor.								
Assignee of record of the entire Statement under 37 CFR 3.73(			96).					
	SIGNATURE of A	Applican	nt or Assignee of	f Record				
Name Ryan I. Kaniga								
Signature M. h.								
Date	3/15/200	4		Telep	hone 5	7/0-686-4035		
NOTE: Signatures of all the inventors or assign		e interest	or their representati	ive(s) are re	quired. Sul	bmit multiple		
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Ма	rshall G. M	acFarlane		30,403			
Ch	ristopher A	. Mitchell		40,729			
To	dd L. Moore			36,874	<del>,,</del>		
Du	ncan F. Bea	man		18,235			
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IVI	Firm or Individual Name	Marshall G. MacFa	arlan	е			
Addre		YOUNG & BASILE,	P.C.				
Addre	ess	3001 West Big Bea		Road Sui	te 624	1	
City		Troy		State	MI		<sup>Zip</sup> 48084–3107
Coun	try	USA					
Telep	hone	734/662-0270		Fax	734	1/662-	1014
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X App	plicant/Inventor.						
		he entire interest. See 37 CFR	3.71.				
Sta	atement under 37 Cl	FR 3.73(b) is enclosed. (Form I	PTO/SB/	96).			
		SIGNATURE of	Applican	t or Assignee o	of Record		
Name	Robe	ert M. Ransom					
Signature	Rutt	Mer					
Date	3-15	-04			Tele	phone	
NOTE: Signate	ures of all the inventor than one signature is re	s or assignees of record of the entire	re interest	or their representa	ative(s) are r	equired. S	ubmit multiple
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POWER OF ATTORNEY OR		First	Named Inventor	•	Ramson				
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X	Firm or Individual Name	Marshall G. MacFa	arlan	е					
Addr		YOUNG & BASILE, I	P.C.						
Addr	ress	3001 West Big Bea		Road Suit	te 624	1			
City		Troy		State	MT		Zip	48084-310	7
Cour	ntry	USA						<u> </u>	
Tele	phone	734/662-0270		Fax	734	1/662-1	014		
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		SIGNATURE of			f Record		•		
Name	Scott D	. Wehner				-			
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	stures of all the inventor	s or assignees of record of the entir		or their representat	tive(s) are r	equired. Sub	mit multip	ole	
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PTO/SB/01 (08-03)

Approved for use through 07/31/2006, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number WEC-122-B DECLARATION FOR UTILITY OR First Named Inventor Ransom DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration X Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge (37 CFR 1.16 (e)) Filing **Examiner Name** required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: COLLAPSIBLE ENCLOSURE WITH 3-DIMENSIONAL TRIM ELEMENTS (Title of the Invention) the specification of which l X is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International and was amended on (MM/DD/YYYY) (if applicable). Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Certified Copy Attached? Foreign Filing Date **Priority Prior Foreign Application** Number(s) Country (MM/DD/YYYY) **Not Claimed** Yes

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. [Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

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Direct all correspondence to:	Custome	er Number:	:			OR	X	Corres	pondence address below		
Name Marshall G. MacFarlane											
Address									<del></del>		
3001 West Big Beaver Road, Suite 624											
City Troy	соу				State MI				ZIP 48084-3107		
Country		Telephor		Fax							
USA		734/66	52-0270	734/662–1014				4			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
NAME OF SOLE OR FIRST IN	IVENTOR:	.]		etition	has	been file	d for thi	s unsia	ned inventor		
Given Name			<u> </u>	<u> </u>	112	Family		<del></del>	1100 1110 11101		
(first and middle [if any])											
Inventor's Signature Date											
Residence: City	State Country Citizenship							nship			
Flushing	MI	ט	USA			US	SA /				
Mailing Address 8102 Coldwater Road											
City	State			ZIP				Country			
Flushing	MI			3	4	8433			USA		
NAME OF SECOND INVENTO	DR:			T	] A	petition	has be	en filed	for this unsigned inventor		
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Residence: City	State	7		Cour	ntry			Citize	nship		
Mt. Morris	MI			ט	USA U			US	SA		
Mailing Address 4407 W. Stanley Road											
City	State			ZIP C				Coun	Country		
Mt. Morris MI 48458 USA											
X Additional investors as a local or	X Additional inventors of a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto										

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of _3						
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Name of Additional Joint Inventor, if any:		1		has been filed for this	unsigned inv	rentor	
Given Name (first and middle (if any)		Family Nam KUBICA	e or S	surname			
Inventor's Signature			Date 3/10				
Residence: City Flushing	City Flushing State		Country USA		Citizenship USA		
Mailing Address 8470 Apple Blossom							
Mailing Address							
City Flushing	State	MI	MI   z <sub>ip</sub> 48433		Country USA		
Name of Additional Joint Inventor, if any:		☐ A peti	ition h	nas been filed for this	unsigned inv	ventor	
Given Name (first and middle (if any)	Family Name or Surname						
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Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor						
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